Reference document for Psilocybin in Opioid Use Disorder module

Links to Path-OUD information:

Website: https://www.monash.edu/turner-institute/adeel-razi-lab/path-oud-study

Email address: path-oud@monash.edu

Link to initial screening survey: https://redcap.helix.monash.edu/surveys/?s=DNDKWJFRPTD7RL8P

Evidence around the use of psychedelics and Psychedelic-Assisted Therapy:

Fang et al. systematic review of psilocybin use in depression:

Efficacy and acceptability of psilocybin for primary or secondary depression: A systematic review and meta-analysis of randomized controlled trials. Front Psychiatry. 2024 Feb 15.

Morland et al paper about MDMA use in PTSD:

State of the science: MDMA-assisted psychotherapy for the treatment of posttraumatic stress disorder. J Trauma Stress. 2026; advance online publication.

Hogea et al. review of clinical trials using psychedelics in SUD:

The therapeutic potential of psychedelics in treating substance use disorders: A review of clinical trials. Medicina (Kaunas). 2025 Feb 6.

Please note – there is currently no concrete evidence regarding the benefits of PAT or psilocybin in the treatment of Opioid Use Disorder.

Peer Support Groups:

Narcotics Anonymous Australia

Meeting List

Narcotics Anonymous Australia 1300 652 820

SMART Recovery Australia

Meeting List

SMART Recovery®

Recovery Dharma (global website)

Recovery Dharma Online

(alternative website with additional meeting links)

Victoria Department of Health Community Health Services

Australian Institute of Health and Welfare statistics:

National Opioid Pharmacotherapy Statistics Annual data

National Drug Strategy Household Survey 2025

Australian regulations around use of psychedelic agents and related links:

TGA's psilocybine and MDMA hub

Victorian Department of Health Schedule 8 MDMA and psilocybine

Licence and permits to possess (and possibly supply) scheduled substances

Psilocybin in Opioid Use Disorder study (Path-OUD) Inclusion and Exclusion Criteria

Inclusion criteria	Exclusion criteria
1. Aged 18-60 inclusive.	1. Currently pregnant, planning pregnancy, or breastfeeding.
2. Meets DSM-5 criteria for Opioid Use Disorder, as assessed using QuickSCID-5.	2. Participation in clinical trial and receipt of investigational drug(s) during 30 days prior to the research study, except as explicitly approved by the study clinician.
3. Have been on a MATOD program for at least 2 months prior to screening interview.	3. Currently meets DSM-5 criteria for moderate to severe Substance Use Disorder (SUD) for substances other than opioids, alcohol, cannabis or nicotine. Patients with comorbid Alcohol Use Disorder (AUD) will be accepted if their AUD is not severe enough to require a medicated alcohol detoxification.
4. Methadone/buprenorphine average daily dose (or equivalent weekly/monthly dose in the case of long-acting injectable buprenorphine) has varied by no more than 20% in the 2 weeks prior to screening interview.	4. Any use of serotonergic psychedelics in the past 6 months or more than 50 uses of any serotonergic psychedelics in lifetime.
5. Willingness to remain on a stable dose of methadone/buprenorphine up to dosing day.	5. More than mild opioid withdrawal (COWS > 12).
6. Use of non-prescribed opioids more than 6 times on average across the 30-day period or at the judgement of the study clinician prior to screening interview.	6. Have a known allergy or hypersensitivity to psilocybin or any of the materials contained in the capsule used in the study.

7. Have a breath alcohol concentration less than or equal to 0.01% at screening - this may be re-evaluated during the study period, at the judgement of the study clinician.	7. Have an allergy, hypersensitivity, or other contraindication that would preclude safe treatment of acute hypertension, anxiety, or psychotic symptoms using standard medical interventions if necessary during or immediately after Psilocybin Dosing Session.
8. Agree to refrain from non-prescribed psychotropic substance or illicit drug use for at least 72 hours prior to Psilocybin Dosing Session, with the exception of moderate use of alcohol, cannabis, nicotine, and caffeine.	8. Meets current or lifetime DSM-5 criteria for schizophrenia or any psychotic disorder, or organic mental disorder, or has a first-degree family history of psychotic disorder. This includes hallucinogen-persistent perception disorder.
9. Agree to refrain from taking all non-prescription medications and supplements (nutritional and herbal) for at least 1 week prior to the Psilocybin Dosing Session unless approved by the study clinician.	9. Meets current or lifetime DSM-5 criteria for bipolar disorder or has first degree family history of bipolar disorder.
10. Are proficient in English, such that their literacy and comprehension is sufficient for understanding the consent form and study questionnaires, as evaluated by study staff obtaining consent.	10. Meets current DSM-5 criteria for severe Major Depressive Disorder (MDD); or current or lifetime DSM-5 criteria for MDD with psychotic features. Mild and moderate MDD as well as MDD in stable remission are allowed if no suicidal risk, in the clinical judgement of the study clinician.
11. Have the capacity to engage with, and consent to the study requirements and are able attend all study visits.	11. Have current serious suicide risk, as determined by responses to Columbia Suicide Severity Rating Scale (C-SSRS) and/or the clinical judgement of the study clinician or the treating team.
12. Must consent to the study investigators contacting their primary treating health practitioner(s) for the purpose of corroborating	12. Presence of any other psychiatric condition that, in the opinion of the study clinician, may interfere with completion of the study or place the patient at heightened risk.

medical history and their MATOD dosing pharmacy for the purpose of cross-validation of self-reported MATOD adherence.	
13. Have a family member or friend who can assist with transportation and activities of daily living after the Psilocybin Dosing Session.	13. Have a history of or have a current medical condition which – based on the judgement of the study clinician - would make a participant unsuitable for the study. This includes, but is not limited to, the following: a) Significant hepatocellular injury (except for patients with documented Gilberts syndrome) b) Significant renal injury c) Significant cardiovascular history/active cardiovascular conditions (e.g. high blood pressure, congenital long QT syndrome, coronary artery disease, cardiac ischemia, myocardial infarction, cardiac hypertrophy, congestive heart failure, tachycardia, ECG abnormalities, artificial heart valve) d) Significant pulmonary illness (e.g. COPD) e) Significant endocrine condition (e.g. insulin-dependent diabetes, hyperthyroidism) f) Significant gastrointestinal illness (e.g. Crohn's disease) g) Seizure disorder or history of seizures not related to drug or alcohol withdrawal (excluding childhood febrile seizure) h) History of serious head trauma or injury causing significant loss of consciousness and/or associate with skull fracture or intracranial bleeding or abnormal MRI i) Current HIV infection j) Weighs < 48kg or BMI < 17.
	14. Participants who present with contraindications to MRI scanning (including, but not limited to, magnetically active implants or devices, significant claustrophobia, or non-

	removable skin patches) may be excluded from participation in the MRI component of the study, as determined by the study clinician or radiologist.
	15. Has received medication that could interact adversely with psilocybin (e.g. inhibitors of UGT1A9, UGT1A10, MAO and aldehyde or alcohol dehydrogenase) within the time of administration of study agent, based on the guidance of the study clinician.
	16. Current use of psychoactive medications that in the study clinician's judgement would meaningfully affect safety or effectiveness of trial medications (e.g. antipsychotics, mood stabilisers, stimulants). Antidepressants and PRN medications (e.g. short-acting benzodiazepines, z-drugs) may be permitted at the discretion of the study clinician, where safe and appropriate.

References for module:

1. Bandyopadhyay S. An 8,000-year history of use and abuse of opium and opioids: How that matters for a successful control of the epidemic? *Neurology*. 2019;92(Suppl 4.9-055).

2. Australian Institute of Health and Welfare. *Australian Burden of Disease Study 2024: Interactive data on risk factors* [Internet]. Canberra: AIHW; 2024 [cited 2026 Feb 27]. Available from: https://www.aihw.gov.au

3. Australian Institute of Health and Welfare. *National Drug Strategy Household Survey* [Internet]. Canberra: AIHW; [cited 2026 Feb 27]. Available from: https://www.aihw.gov.au

4. Harris MTH, et al. Medications for opioid use disorder, opioid withdrawal, and opioid overdose: A review. *JAMA*. 2026.

5. Australian Institute of Health and Welfare. *National opioid pharmacotherapy statistics annual data* [Internet]. Canberra: AIHW; 2026.

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8. Ranapurwala SI, et al. Opioid overdose mortality among former North Carolina inmates: 2000–2015. *Am J Public Health*. 2018.

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15. Morland LA, Maples-Keller J, Rothbaum BO, Schnurr PP, Sippel LM. State of the science: MDMA-assisted psychotherapy for the treatment of posttraumatic stress disorder. *J Trauma Stress*. 2026; advance online publication.

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18. Romeo B, et al. The intensity of the psychedelic experience is reliably associated with clinical improvements: A systematic review and meta-analysis. *Neurosci Biobehav Rev*. 2025;172.

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20. Villiger D, Trachsel M. With great power comes great vulnerability: An ethical analysis of psychedelics' therapeutic mechanisms proposed by the REBUS hypothesis. *J Med Ethics*. 2023.

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